



California  
Department of  
Health Services  
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Director

State of California—Health and Human Services Agency  
**Department of Health Services**



GRAY DAVIS  
Governor

June 23, 2003

MMCD All Plan Letter 03007

TO: County Organized Health System Plan (COHS)  
Geographic Managed Care (GMC) Plans  
Prepaid Health Plans (PHP)  
Primary Care Case Management (PCCM) Plans  
Two-Plan Model Plans

FROM: Luis R. Rico, Acting Chief  
Medi-Cal Managed Care Division *Luis R. Rico*

SUBJECT: CERTIFIED QUALITY PROVIDER SITE CERTIFICATE

The purpose of this letter is to inform you that the Medi-Cal Managed Care Division has developed a Certified Quality Provider Site certificate template. Medi-Cal Managed Care health plans are to issue the certificate to providers who successfully pass a facility site survey. The certificate (enclosed) affirms that the site has been deemed a Department of Health Services' Certified Quality Provider Site and is valid for up to three years.

Each plan must develop its own process for issuing the certificates and will need to collaborate with other health plans with which they share provider sites. Together the plans must develop a process clearly identifying how/when the certificate will be issued and under what circumstances it might be revoked.

If you have any questions regarding this matter, please contact your contract manager or Dori Childress, Chief of the Medical Monitoring Unit, at (916) 657-4837.

Enclosure



Do your part to help California save energy. To learn more about saving energy, visit the following web site:  
[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

714 P Street, Room 650, P.O. Box 942732, Sacramento, CA 94234-7320  
(916) 654-8076  
Internet Address: [www.dhs.ca.gov](http://www.dhs.ca.gov)

# Medi-Cal Managed Care Certified Quality Provider Site



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This site has successfully completed the Department of Health Services Medi-Cal Managed Care Division's Site Review Survey and is deemed a CERTIFIED Quality Medical Site under the provisions of MMCD policy letter 02-02. Certificate issued by (Health Plan Name).

Date issued \_\_\_\_\_

\_\_\_\_\_  
(Health Plan Signature)

Certificate # \_\_\_\_\_

\_\_\_\_\_  
(Health Plan Signature)